TRA STD. 26	VEL I 2 (REV.		NNEL ADMINIS	STRATION	See Ins States	struction ment On	s and *Pri Reverse \$	lvacy Side	•		Page	of	Day	les	
CLAIMANT'S NAME							SSN or EMPLOYEE NUMBER*					Page of Pages DEPARTMENT			
Joan	M. Bo	orucki		-						5		ornia Sta	le Lotters		
POSITION CB/ID No.							DIVISION or	BUREAU			1		INDEX NU	,	
Director E99						·]:	Executive	е				1100			
RESIDENCE ADDRESS *							HEADQUAR	TERS ADDR	ESS			TELEPHONE NUMBI			
							600 Norti	h 10th St	reet			(916) 323-040			
CITY STATE ZIP CODE							CITY Sacramento					STATE CA		ZIP CODE 95811	
(1) NORMAL WORK HOURS 0800-1700							(2) PRIVATE VEHICLE LICENSE NUMBER					(3) MILEAGE RATE CLAIMED 0.550			
4) MONTH/YEAR		(6)	(7)	(8) MEALS			(9)	(10)		TRANSPORTA	<u> </u>		(4.4)	(49)	
011/09		LOCATION	1 '		О.Т., Ц/		_		T (D)				(11)	(12)	
DATE	TIME	WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	N/C, RELO. OR	INCIDEN- TALS	(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS,	(D) PRIVATE CAR USE		BUSINESS EXPENSE	TOTAL EXPENSE FOR DA	
1/05	0830	Sacramento - San Francisco				DINNER				PARKING	MILES	AMOUNT			
1/05	1530	San Francisco - Sacramento									87.80	48.29		48.2	
נטיו						-	 				87.80	48.29		48.2	
	-		<u> </u>									0.00		0.0	
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·												0.00		0.0	
			·			·						0.00		0.0	
						2				-		0.00		0.0	
)	S	SUBTOTALS	0.00	0.00	0.00	0.00	0.00	0.00		0.00	175.60	96.58	0.00	96.5	
COL	UMN (C	ODE ACCIG USEON A													
	C	CLAIM TOTAL	<u> </u>						-		. –			\$96.5	
		FTRIP, REMARKS AND DETAILS (Atta he Year	ch receipts/vou	chers when	required)						ÁG	ENCY ACC	OUNTING (OFFICE	
	01 0								,		PAID BY	REVOLVING		CK NUMBE	
						٠	•								
										. 1				٠	
5) <u> </u>	HEREBY	Y CERTIFY That the above is a true statistic memory of the minimum relices 0.750, 0.751, 0.752, 0.753 and 0.754 page 1.055	tement of the	travel exper	ises incurred i	by me in acc	cordance with	DPA rules in	the sen	rice of the State o	f Californi	a. If a private	ly owned veh	icle was	
S AIMAN	AM Sect	lions 0750, 0751, 0752, 0753 and 0754 p NATURE	pertaining to ve	hicle safety DATE	and seat belt	(16) SIG	NATURE OF	OFFICER A	PPROVIN	G TRAVEL AND	PAYMEN	T DAT		anded by	
						28	•					1			
SPEC	IAL EXF	PENSE AUTHORIZATION - SIGNATURE	and TITLE (See Item 17	on reverse)	,		<u> </u>		•	_	DAT	E		

TD. 26	2 (REV.	9/2007)	<u>. </u>		Staten	nent On l	Reverse S	vacy Side			Page	of _	Pag	les ·	
CLAIMANT'S NAME							SSN or EMPLOYEE NUMBER*					TMENT			
		orucki				l					Califo	ornia Sta	te Lottery	<i>r</i>	
POSITION CB/ID No. Director E99 RESIDENCE ADDRESS *							DIVISION or BUREAU Executive HEADQUARTERS ADDRESS						INDEX NUMBER		
													1100 TELEPHONE NUMBER		
_							600 North 10th Street						(916) 323-0403		
CITY STATE ZIP CODE								СПУ					STATE ZIP CODE		
								Sacramento					95811		
1) NORMAL WORK HOURS 0800-1700								(2) PRIVATE VEHICLE LICENSE NUMBER					CLAIMED		
(4) MONTH/YEAR		LOCATION WHERE EXPENSES	(7)	(8)	MEALS			(10) TRANSPORTAT			TION		(11)	(12)	
11/09				BREAK-	O.T., L			(A)	(B) (C)		(D)			TOTAL	
) DATE	TIME	WERE INCURRED	LODGING	FAST	LUNCH	N/C, RELO OR DINNER	INCIDEN- TALS	COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	MILES	AMOUNT	BUSINESS EXPENSE	FOR DAY	
1/08	1330	Sacramento - Ontario - Walnut. CA	93.92			18.00	1				29.00	15.95		127.87	
1/09	1730	Walnut - Ontario - Sacramento		6.00	10.00		6.00	9.07	re	15.00	29.00	15.95		62.02	
												0.00		0.00	
		·										0.00		0.00	
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3)			·				<u> </u>					0.00		0.00	
രവ		SUBTOTALS CODE (ACCTG, USE ONLY)	93.92	6.00	10.00	18.00	6.00	9.07		15.00	58.00	31.90	0.00	189.89	
		CLAIM TOTAL	<u> </u>						4					\$189.89	
4) PUI	RPOSE C	OF TRIP, REMARKS AND DETAILS (Atta	ch receipts/vo	ouchers when	required)						AG	ENCY ACC	OUNTING	OFFICE	
leeti	ng w/	Senator Bob Huff in his So	uthern C	alifornia	District (Office	· .				PAID BY		E ONLY G FUND CHE	CK NUMBE	
					٠.										
				,	•		,					•			
5)	l HEREE used, an	BY CERTIFY That the above is a true sta d if mileage rates exceed the minimum rations 0750, 0751, 0752, 0753 and 0754;	itement of the	travel expen	ses incurred	by me in ac	Cordance will	h DPA rules le	n the serv	ice of the State of	of Californi	a. If a privat	ely owned ve	hicle was	
AMAA	SAM Sec NT'S SIG	ctions 0750, 0751, 0752, 0753 and 0754 ; NATURE	pertaining to v	ehicle safety DATE	and seat belt	usage. (16) SIC	SNATURE OF	F OFFICER A	PPROVIN	IG TRAVEL AND	PAYMEN	T DA		wided by	
A IIVIA															

STATE OF CALIFORNIA - DEPARTMENT OF PERSONNEL ADMINISTRATION See Instructions and *Privacy TRAVEL EXPENSE CLAIM STD. 262 (REV. 9/2007) Statement On Reverse Side Page Pages CLAIMANT'S NAME SSN or EMPLOYEE NUMBER DEPARTMENT Joan M. Borucki California State Lottery POSITION CB/ID No. DIVISION or BUREAU INDEX NUMBER Director Executive 1100 RESIDENCE ADDRESS **HEADQUARTERS ADDRESS** TELEPHONE NUMBER 600 North 10th Street (916) 323-0403 CITY STATE ZIP CODE CITY STATE ZIP CODE Sacramento CA 95811 (1) NORMAL WORK HOURS (2) PRIVATE VEHICLE LICENSE NUMBER (3) MILEAGE RATE CLAIMED 0800-1700 0.550 (4) MONTH/YEAR (7) (6) (8) **MEALS** (9) (10) TRANSPORTATION (12)LOCATION 11/09 O.T., L/T, N/C. RELO. WHERE EXPENSES (A) (B) (C) (D) PRIVATE CAR USE TOTAL BREAK WERE INCURRED INCIDEN-COST OF CARFARE, TYPE BUSINESS **EXPENSES** (5) LODGING LUNCH OR FAST TALS TRANS, USED TOLLS. EXPENSE FOR DAY TIME DATE DINNER PARKING MILES AMOUNT 0900 Sacramento - Las Vegas 11/17 10.00 18.00 10.50 5.78 33.78 11/18 6.00 10.00 18.00 6.00 5.00 0.00 45.00 11/19 6.00 6.00 10.00 18.00 0.00 40.00 1900 Las Vegas - Sacramento 11/20 6.00 10.00 18.00 6.00 36.00 29.00 15.95 91.95 0.00 0.00 0.000.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 (13) **SUBTOTALS** 0.00 18.00 18.00 40.00 72,00 0.00 41.00 39.50 21.73 0.00 210.73 COLUMN CODE (ACCTG, USE ONLY) **CLAIM TOTAL** \$210.73 (14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) AGENCY ACCOUNTING OFFICE Attended Global Gaming Expo G2E Conference USE ONLY PAID BY REVOLVING FUND CHECK NUMBER I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage. CLAIMANT'S SIGNATURE DATE (16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT DATE B B (17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse) B